

OMRO CARE CENTER  
500 SOUTH GRANT STREET

OMRO 54963 Phone: (920) 685-2755

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 91

Total Licensed Bed Capacity (12/31/01): 116

Number of Residents on 12/31/01: 85

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 84

Corporation

Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.2
Supp. Home Care-Personal Care	No					1 - 4 Years		35.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.5	More Than 4 Years		23.5
Day Services	No	Mental Illness (Org./Psy)	27.1	65 - 74	11.8			-----
Respite Care	Yes	Mental Illness (Other)	8.2	75 - 84	35.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	20.0	65 & Over	96.5	-----		
Transportation	No	Cerebrovascular	15.3		-----	RNs		11.9
Referral Service	No	Diabetes	8.2	Sex	%	LPNs		6.6
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	20.0	Male	36.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	63.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	11	100.0	296	56	96.6	105	1	100.0	121	15	100.0	140	0	0.0	0	0	0.0	0	83	97.6
Intermediate	---	---	---	2	3.4	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		58	100.0		1	100.0		15	100.0		0	0.0		0	0.0		85	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	7.8	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.8	Bathing	0.0	71.8	28.2	85
Other Nursing Homes	3.1	Dressing	12.9	67.1	20.0	85
Acute Care Hospitals	87.5	Transferring	32.9	40.0	27.1	85
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	17.6	54.1	28.2	85
Rehabilitation Hospitals	0.0	Eating	42.4	47.1	10.6	85
Other Locations	0.8	*****				
Total Number of Admissions	128	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	12.9	Receiving Respiratory Care		7.1
Private Home/No Home Health	20.3	Occ/Freq. Incontinent of Bladder	69.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	4.9	Occ/Freq. Incontinent of Bowel	43.5	Receiving Suctioning		0.0
Other Nursing Homes	4.1			Receiving Ostomy Care		0.0
Acute Care Hospitals	37.4	Mobility		Receiving Tube Feeding		4.7
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	9.4	Receiving Mechanically Altered Diets		42.4
Rehabilitation Hospitals	0.0					
Other Locations	8.1	Skin Care		Other Resident Characteristics		
Deaths	25.2	With Pressure Sores	7.1	Have Advance Directives		72.9
Total Number of Discharges		With Rashes	7.1	Medications		
(Including Deaths)	123			Receiving Psychoactive Drugs		44.7

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Peer Group	Ratio	Bed Size: 100-199 Peer Group	Ratio	Licensure: Skilled Peer Group	Ratio	All Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	71.1	82.7	0.86	83.8	0.85	84.3	0.84	84.6	0.84
Current Residents from In-County	91.8	82.1	1.12	84.9	1.08	82.7	1.11	77.0	1.19
Admissions from In-County, Still Residing	24.2	18.6	1.30	21.5	1.13	21.6	1.12	20.8	1.16
Admissions/Average Daily Census	152.4	178.7	0.85	155.8	0.98	137.9	1.10	128.9	1.18
Discharges/Average Daily Census	146.4	179.9	0.81	156.2	0.94	139.0	1.05	130.0	1.13
Discharges To Private Residence/Average Daily Census	36.9	76.7	0.48	61.3	0.60	55.2	0.67	52.8	0.70
Residents Receiving Skilled Care	97.6	93.6	1.04	93.3	1.05	91.8	1.06	85.3	1.14
Residents Aged 65 and Older	96.5	93.4	1.03	92.7	1.04	92.5	1.04	87.5	1.10
Title 19 (Medicaid) Funded Residents	68.2	63.4	1.08	64.8	1.05	64.3	1.06	68.7	0.99
Private Pay Funded Residents	17.6	23.0	0.77	23.3	0.76	25.6	0.69	22.0	0.80
Developmentally Disabled Residents	0.0	0.7	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	35.3	30.1	1.17	37.7	0.94	37.4	0.94	33.8	1.04
General Medical Service Residents	20.0	23.3	0.86	21.3	0.94	21.2	0.94	19.4	1.03
Impaired ADL (Mean)	51.1	48.6	1.05	49.6	1.03	49.6	1.03	49.3	1.04
Psychological Problems	44.7	50.3	0.89	53.5	0.83	54.1	0.83	51.9	0.86
Nursing Care Required (Mean)	8.5	6.2	1.38	6.5	1.32	6.5	1.31	7.3	1.16